FORM NH-1040

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

1992

_ and ending _ For the CALENDAR year 1992 or other tax year beginning. Due Date for CALENDAR year is on or before April 15, 1993 or 15th day of 4th month after the close of the fiscal period. First name & initial SOCIAL SECURITY NUMBER STEP 1 Place First name & initial SPOUSE'S Last name LABEL HERE SPOUSE'S SOCIAL SECURITY NUMBER Otherwise, Number and Street please print or type PRINCIPAL BUSINESS ACTIVITY CODE: City or Town, State and Zip Code SPOUSE'S PRINCIPAL BUSINESS ACTIVITY CODE: Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return filed STEP 2 which has not been previously reported to N.H. Years covered by IRS Federal Submit changes under separate cover with form RP-87. Information and Special SHORT PERIOD RETURN **AMENDED RETURN** ☐ FINAL RETURN INITIAL RETURN **Return Type** ONLY CHECK IF THE BOX APPLIES - SEE INSTRUCTIONS **COMPLETE PAGE 2 BEFORE COMPUTING TAX** STEP 3 Husband and Wife May NOT combine net results of separately held business organizations. STEP 4 **COLUMN A COLUMN B** Spouse's Income **Figure** Your Income Your Tax 12. 13 Interstate Proprietorships must apportion income, see RP-80 instructions. (Express as a decimal to 6 places.) 14. 15(a) STEP 5 Figure Your (b) Payments from 1992 Declaration of Estimated Tax. 16(b) Credits. Interest (d) Credits allowed under 77-A:5 (Attach Form DP-160) 16(d) and (e) Payment made with original return (Amended returns only) . .16(e) **Penalties** 16. 17. Balance of Tax Due (Line 15(b) less line 16)...... 18 (d) Underpayment of Estimated Tax (See instructions) . .18(d) 19. Balance Due (Line 17 plus 18.) Make check payable to: State of New Hampshire STEP 6 Figure Your (If less than \$1.00 do not pay but still file the return) 20. Overpayment (Line 16 less line 15(b) adjusted by line 18, if applicable) 20. Balance Due or . . .21(a) Overpayment (b) **Refund:** Please allow 12 weeks for processing........ THIS RETURN MUST BE ACCOMPANIED BY A COMPLETED AND LEGIBLE COPY OF STEP 7 Signature(s) THE APPROPRIATE FEDERAL FORM 1040 SCHEDULE(S) C. D. E. F. 4835, 4797 and/or 6252. OFFICE USE ONLY Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he/she has knowledge. Signature of paid preparer other than taxpayer Date Date Your Signature Date Preparer's Identification Number Spouse's Signature **DEPT. OF REVENUE ADMINISTRATION** DOCUMENT PROCESSING DIVISION Preparer Address MAIL TO: P.O. BOX 637 CONCORD, NH 03302-0637 City or Town, State, and Zip Code For next year, instead of receiving a Business Profits Tax Booklet, do you wish to receive just a mailing label STEP 8 that you can give to your preparer? If yes, check here

Hamps	hire return and n	nust be attached to this	s return when tiled.			
					COLUMN A Your Income	COLUMN B Spouse's Income
1 NF	T PROFIT OR (I	OSS) FROM BUSINES	S (Federal Form 1040 Sch	C, line 31)		1 1
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	NTAL INCOME O	•				, , , , , , , , , , , , , , , , , , ,
				22 columns A + B + C)2(a		2(a)
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3. NE	FARM PROFIT	OR (LOSS) (Federal Form	n 1040 Sch F, line 37)			3
	•	SS) FROM SALE OF A		SE IN BUSINESS, FARM	IING AND/OR RE	NTAL PURPOSES (SEE
	(1)	(2)	(3)	(4)	(5)	(6)
	Description of Property	Gains or Losses	Accumulated Passive Loss	Total Column	Total Attributed	Total Attributed
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(e)	TOTAL			4(e)		4(e)
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5. INS		•	chedule if additional sp		400	4-1
	(1) Date of	(2) Taxable Gains	(3) Accumulated	(4) Total	(5) Total	(6) Total
	Original Sale	or Losses	Passive Loss	Column 2 & 3	Attributed	Attributed
(a)	Original Sale Mo Day Year	or Losses	Passive Loss	Column 2 & 3	Attributed To You	Attributed To Spouse
	Original Sale	or Losses	Passive Loss	Column 2 & 3		
(b)	Original Sale Mo Day Year	or Losses	Passive Loss	Column 2 & 3		
(b) (c) (d)	Original Sale Mo Day Year	or Losses	Passive Loss		To You	To Spouse
(b)	Original Sale Mo Day Year	or Losses	Passive Loss	Column 2 & 3	To You	
(b) (c) (d) (e)	Original Sale Mo Day Year				To You	To Spouse
(b) (c) (d) (e) 6. Gro 7. Cor	Original Sale Mo Day Year TOTAL SS Business Propensation for F	ofits (Combine lines 1, 2(c),	3, 4(e), and 5(e))	5(e)67.	To You	5(e) 6
(b) (c) (d) (e)	Original Sale Mo Day Year TOTAL SS Business Propensation for F 8. Subtotal (Line)	ofits (Combine lines 1, 2(c), Personal Services (See e 6 less line 7) If negative, si	3, 4(e), and 5(e))	5(e)	To You	To Spouse 5(θ) 6.
(b) (c) (d) (e) 6. Gro 7. Cor	Original Sale Mo Day Year TOTAL SS Business Propensation for F 8. Subtotal (Line)	ofits (Combine lines 1, 2(c), Personal Services (See e 6 less line 7) If negative, si	3, 4(e), and 5(e))	5(e)	To You	5(e) 6
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(b) (c) (d) (e) 6. Gro 7. Cor (NOL) NO indi retu this	Original Sale Mo Day Year TOTAL SS Business Pro Inpensation for F 8. Subtotal (Line IF TE: If line 8 showing a rn. Initial here year's net opera	ofits (Combine lines 1, 2(c), Personal Services (See 6 less line 7) if negative, si EITHER COLUMN SHOV ws a loss in either col a loss. Failure to attact / Your Spouse	3, 4(e), and 5(e))	5(e)	To You	5(e) 6
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Federal Schedules C, D, E, F, Form 4835, 4797, and/or 6252 as applicable to you, must be completed prior to filling out your New